

**Document Management**  
**Smoking Free Workplace Policy**

DocumentID:	POLY10360
Alternative Title:	
Creator Corporate Name:	Sydney West Area Health Service
Author:	Denise Oakes
Author Department Address:	Tobacco Control Centre for Population Health
Author Position:	Population Health Program Officer
Author Contact:	9840 3708
Author Email:	Denise_Oakes@wsahs.nsw.gov.au
Contributor:	
Endorsement:	Executive Director Strategy Information Management Performance & Population Health
Publisher:	Sydney West Area Health Service
Subject:	SWAHS Smoke Free Workplace Policy
Keywords:	Smoke Free Workplace Policy; Smoking; No Smoking
Description:	Provides instruction for all employees within SWAHS regarding the Smoke Free Workplace Policy and Procedures.
Version History:	
Category:	Environment
ClassificationID:	POLY
Source:	NSW Health Smoke Free Workplace Policy (1999)
Date Created:	1 April 2006
Date Modified:	1 May 2006
Date Valid From:	1 May 2006
Date Valid To:	1 May 2008
Date Issued:	1 May 2006
IdentifierID:	(0)
Identifier Number:	NA
TRIM File Number:	FILE05/339-02
TRIM Record Number:	PP06/32
Availability:	Online: Yes, Via Stores Request: No, Hosprint Print Request: No
Key Contact:	Denise Oakes Population Health Program Officer 9840 3708 Denise_Oakes@wsahs.nsw.gov.au
LanguageID:	English (1)
AudienceID:	SWAHS Employees (1)
Relation:	

# **Sydney West Area Health Service**

## **Smoke Free Workplace Policy**

Last updated: JUNE 2006

## Contents

<b><u>1. PURPOSE OF THE POLICY</u></b>	<b><u>1</u></b>
1.1. Purpose and scope of the policy	1
1.2. Background to the policy	1
1.3 Risks associated with smoking	2
<b><u>2. EXPECTED OUTCOMES AND OBJECTIVES OF THE POLICY</u></b>	<b><u>2</u></b>
2.1 Expected outcome	2
2.2 Objectives	2
<b><u>3. DEFINITIONS</u></b>	<b><u>3</u></b>
<b><u>4. PROCEDURES FOR IMPLEMENTING THE SMOKE FREE WORKPLACE POLICY</u></b>	<b><u>3</u></b>
4.1 Responsibilities of SWAHS staff	3
4.1.1 Chief Executive responsibility	3
4.1.2 Area Smoke Free Workplace Committee responsibilities	3
4.1.3 Managers/Department responsibility	4
4.1.4 Employee responsibility	4
4.2 Procedures for patients/clients of SWAHS	5
4.3 Procedures for visitors of SWAHS	5
4.4 Procedures for staff of SWAHS	6
4.4.1 Support for staff to manage their smoking	6
<b><u>5. Exemptions under the Smoke Free Workplace Policy</u></b>	<b><u>6</u></b>
5.1 Guidelines for exemptions	7
5.1.1 Applying for an exemption	7
5.1.2 Smoke Free Workplace Policy Committees Responsibilities	7
5.1.3 Exemptions based on complex patient/client groups	7
<b><u>6. Review Mechanisms and Evaluation</u></b>	<b><u>8</u></b>
6.1 Review	8
6.2 Monitoring of compliance with the policy	8
<b><u>7. Disciplinary procedures</u></b>	<b><u>9</u></b>

<b><u>8. Risks of policy non-compliance</u></b>	<b><u>9</u></b>
<b><u>9. Relevant legislation and related policy documents</u></b>	<b><u>9</u></b>
<b><u>10. References</u></b>	<b><u>10</u></b>

# **SYDNEY WEST AREA HEALTH SERVICE SMOKE-FREE WORKPLACE POLICY**

## **1. PURPOSE OF THE POLICY**

### **1.1. Purpose and scope of the policy**

The purpose of this policy is to:

- Assist Sydney West Area Health Service (SWAHS) to comply with the mandatory requirements of the NSW Health Smoke Free Workplace Policy (1999).
- Protect the health of staff/volunteers, patients and visitors to SWAHS facilities by eliminating possible exposure to tobacco smoke on SWAHS property and facilities. This includes SWAHS vehicles and other areas of work such as the home/residence of clients of SWAHS, where a staff member of SWAHS is providing a service or treatment to that client.

Additionally, the Area Health Services Act 1986 states that a primary objective of an AHS is to promote, protect and maintain public health. Area Health services have a dual responsibility in that:

- As a provider of health care services, to protect and promote the health of patients and visitors to its facilities.
- As an employer, under the OHS Act 2000, to ensure the health, safety and welfare of employees, and the health and safety of others in the workplace.

### **1.2. Background to the policy**

NSW Health introduced a policy to limit smoking in hospitals and related facilities in 1984. The policy was updated in 1999 following extensive consultation with Area health services, relevant unions, the Workcover Authority and tobacco control experts. This was to ensure obligations under the occupational health and safety legislation were being met and to promote NSW Health as a provider of healthy workplaces and work environments.

In 1999 NSW Health released the *Smoke Free Workplace Policy* and an accompanying *Implementation Manual*. This extended the previous policy beyond the focus on exposure to environmental tobacco smoke (ETS) in indoor areas to include exposure to ETS in outdoor areas - prohibiting smoking everywhere except in some exempted outdoor areas.

Implementation of the 1999 policy was planned to occur over four phases with Phase 4 being totally smoke free health care facilities, campuses and vehicles under the control of NSW Health. Phase 4 was to commence in September 2002, subject to the results of the Phase 3 review. In August 2002, Phase 3 was extended to allow consideration of issues identified by NSW Health and Unions representing the health workforce. Parties involved in the review agreed in principle to the progressive introduction of smoke-free

campuses and that changes should be made to the policy regarding the procedures for the implementation of Phase 4. The World Health Organisation (WHO, 2001) has since recommended that all health care premises and their immediate surrounds be smoke free, and that health staff should be provided with assistance to cease smoking.

In January 2005, NSW Health issued a mandatory directive that all Area Health Services must implement the *Smoke Free Workplace Policy* and continue to strive to achieve a totally smoke free workplace. Each Area Health Service is progressing towards this outcome. SWAHS has set a target date for achievement of Phase 4 -totally smoke free - as 1<sup>st</sup> November 2006.

SWAHS had already achieved considerable success towards these targets due to strong previous commitment to non-smoking policies at several facilities including Blacktown Mt Druitt Health, and subsequently the adoption of an Area wide non-smoking policy and formation of an Area Smoke Free Workplace Committee. The amalgamation of WSAHS and WAHS in January 2005 has necessitated the need for a policy that encompasses the new expanded boundaries of the new SWAHS.

### **1.3 Risks associated with smoking**

Tobacco smoking remains the largest preventable cause of death, disease, illness and disability in Australia. The health effects of tobacco smoking include lung cancer, bronchitis, emphysema, laryngeal cancer, oral cancers and lesions, and cardiovascular disease. In the past 2 decades, the health risks associated with the inhalation of environmental tobacco smoke (ETS) or passive smoking have become known such as eye irritation, coughing, headaches, and reduced lung function in asthmatic nonsmokers. Long term effects include lung cancer, pneumonia, increased respiratory illness and poorer lung function (NSW Health, 1999).

Compared to NSW overall, the Sydney West Area reports higher smoking rates and lower rates of smoking cessation, with some population groups having up to 2-3 times the average rates of tobacco use (WSAHS Tobacco Control Strategy, 2004).

## **2. EXPECTED OUTCOMES AND OBJECTIVES OF THE POLICY**

### **2.1 Expected outcome**

A reduction in the harm associated with tobacco use through smoking, or exposure to environmental tobacco smoke, for staff, volunteers, patients/clients, visitors and contractors to SWAHS facilities and services.

### **2.2 Objectives**

- a. To provide clear information in a timely manner to employees, volunteers, patients/clients and visitors about the harms associated with smoking.
- b. To provide leadership in the community about reducing the harm associated with smoking.
- c. To indicate that smoking cessation is a positive commitment to good health.
- d. To ensure SWAHS meets its legislative obligations under the NSW Occupational Health and Safety Act 2000 and the NSW Occupational Health and Safety Regulation 2001 to provide employees, volunteers, patients/clients, visitors and contractors with a safe and healthy workplace environment.
- e. To ensure SWAHS implementation of NSW Health *Smoke Free Workplace Policy* is consistent with NSW Health guidelines.

### **3. DEFINITIONS**

#### ***Environmental tobacco smoke (ETS)***

The smoke which is released from a lighted cigarette, which is being smoked and then emitted into the surrounding air - this is a combination of side stream smoke and exhaled mainstream smoke (or second hand smoke)

#### ***Nicotine replacement therapy (NRT)***

Nicotine replace therapy refers to products that replace some of the nicotine that is normally provided by tobacco, and therefore helps to reduce the severity of nicotine craving and withdrawal symptoms. There are several different types of products, including transdermal patches, gum, lozenges, tablets and inhalers.

### **4. PROCEDURES FOR IMPLEMENTING THE SMOKE FREE WORKPLACE POLICY**

#### **4.1 Responsibilities of SWAHS staff**

##### ***4.1.1 Chief Executive responsibility***

The Chief Executive is responsible for:

- Ensuring that SWAHS meets the legal and mandatory NSW Health policy requirements to protect the health of its staff/volunteers, patients, visitors and contractors at all sites, facilities and services.
- Ensuring that an Area Committee is established to oversee and guide the implementation of the Smoke Free Workplace Policy and reports back to the Chief Executive.
- Allocating adequate resources, both financial, human and physical for effective implementation of the policy.
- Ensuring that all facilities, sites and services adopt and implement the Smoke Free Workplace Policy.
- Reviewing the compliance and performance of the health service in meeting the policy objectives.
- Reporting on implementation progress as per NSW Health and CE agreement, and advising NSW Health when it has achieved phase 4 implementation of the policy, totally smoke free campuses and facilities.

##### ***4.1.2 Area Smoke Free Workplace Committee responsibilities***

(see attached terms of reference – Appendix 1)

The Area Smoke Free Workplace Committee is responsible for:

- Reporting back to the Chief Executive on the implementation status of the Smoke Free Workplace policy.
- Making recommendations to the Chief Executive on whether to grant exemptions, in exceptional circumstances, under the smoke free workplace policy.
- Establishing timeframes for implementation of the policy, and evaluate progress against these timeframes.
- Keeping and maintaining registers of exempted areas and rationale for exemptions granted.
- Managing the consultative process at the Area Health Service level.

- Promoting the health and safety of staff, patients/clients and visitors in the workplace in relation to tobacco related harm.
- Providing mechanism for feedback to networks/facilities regarding implementation aspects and determinations of the smoke free workplace policy.
- Providing other appropriate recommendations for action in relation to the Area Smoke Free Workplace Policy as necessary.

#### **4.1.3 Managers/Department responsibility**

Managers/Department heads are responsible for:

- Providing leadership with respect to the Smoke Free Workplace Policy.
- Ensuring that all new and existing staff, volunteers, patients/clients,visitors and contractors are regularly provided with updated information/ education about the Smoke Free Workplace Policy via information resources developed by the AHS, staff meetings and other communication channels appropriate to that service or unit.
- Ensuring that all appropriate clinical staff attend education about the management of nicotine dependent inpatients.
- Providing staff, volunteers, patients/clients and visitors with information about the smoking cessation supports available.
- Assist staff to manage their nicotine dependence whilst at work, and assist them to comply with the Smoke Free Workplace Policy as set out in 4.4.1.
- Encouraging staff who do not wish to quit smoking to consider using NRT for harm minimisation purposes.
- Smoking breaks, additional to normal allocated breaks for all staff should be discouraged.
- Ensuring that staff who conduct home visits are protected from exposure to environmental tobacco smoke.
- Ensuring that staff adhere to the Smoke Free Workplace Policy, and managing policy breaches by:
  - In the first instance via advice and the provision of information about supports available for staff who smoke.
  - Managing staff who continue to breach Smoke Free Workplace Policy by reminding them that their assent to the SWAHS Code of Conduct entails adherence to SWAHS policy.
  - Managing persistent breaches of Smoke Free policy via normal disciplinary procedures.

#### **4.1.4 Employee responsibility**

Employees are responsible for:

- Complying with all aspects of the Smoke Free Workplace Policy, as per the policy and the staff information pamphlet available from their manager.
- Smoking only off site when the Area Health Service becomes totally smoke free. Where a site is yet to go totally smoke free, smoking only in the designated smoking areas.
- Carrying out their duties in a manner which does not adversely affect their own health and safety, or the health and safety of others in the workplace.
- Not facilitating patients to smoke (exceptions see 4.2).
- Sharing the responsibility to politely remind the public of the smoking restrictions and

to invite compliance with the policy. The only exceptions to this are:

- If staff have reason to believe that a person may escalate violence towards them.
- In the case of a client or person presenting for treatment who shows marked agitation, and where there is a duty of care to provide a health service to this person.

When SWAHS staff conduct home visits that setting becomes their workplace, and staff should be protected from ETS. The client/patient and/or their carer/visitor/family members are to be asked not to smoke in the home during the health service visit.

#### **4.2 Procedures for patients/clients of SWAHS**

Patients/clients are not permitted to smoke in any facilities or premises of SWAHS once Phase 4 is reached.

All inpatients of the health service should receive advice on how to manage their nicotine dependence during their stay in hospital. The *NSW Health Guide For The Management Of Nicotine Dependent Inpatients* (2002) provides both guidelines and a summary of evidence for clinicians on managing dependence and treatment of inpatients to NSW health facilities. These guidelines should also be implemented as part of the progression to Phase 4, totally smoke free. Patients are not to be facilitated to smoke by a staff member. The NSW Health policy recognises that in some inpatient groups and only *in exceptional circumstances*, it may not be possible to enforce a total smoking ban. In this situation, on a case by case basis, smoking may be permitted in extreme cases and only where refusal may pose a significant risk of violence to a staff member or another person. Where appropriate, patients should be provided with relevant information about the risks of smoking and advice on how to cease smoking.

#### **4.3 Procedures for visitors of SWAHS**

All visitors are expected to comply with the Smoke Free Workplace Policy. Measures to assist in achieving this include:

- The provision of clear and appropriate signage to be in place at all facilities, including relevant community languages where needed.
- A community awareness campaign to be implemented to inform the community of the Health Services' Policy and implications for visitors to its facilities.
- All staff having a responsibility to remind visitors of the policy and seek their compliance with it.
- Security staff having a role in monitoring and enforcing compliance with the policy where needed (refer to SWAHS Policy on Enforcement of Non-Smoking Policy - Security Officers Role (Appendix 2)
- Security staff being contacted by staff if the staff member feels the situation is too risky to undertake themselves.

## 4.4 Procedures for staff of SWAHS

### 4.4.1 Support for staff to manage their smoking

As per the NSW Health Policy, staff will be supported to manage their nicotine dependence whilst at work, in order to assist them to comply with the Smoke Free Workplace Policy. The Area will provide employees who wish to quit smoking with four weeks' free supply of NRT, (cost to be borne by the Area Health Service) in conjunction with counselling and advice. Staff can subsequently purchase a further 4 weeks supply of NRT (at cost price) via the hospital pharmacy supply to further support them in quitting smoking. The *SWAHS Protocol for the supply of NRT to staff* has been adapted from the NSW protocol, and is to be used to deliver this program.(Appendix 3)

Additionally, as per the SWAHS and NSW Health NRT protocols, staff are to be given access to NRT to help manage their nicotine dependence whilst at work, even if they do not wish to quit. Employees who are not ready to quit smoking and who work at night or on extended shifts may wish to use these NRT products during their shift, to avoid the need to leave the workplace to smoke.

Some forms of intermittent NRT can be used by smokers to allay nicotine withdrawal symptoms during periods when smoking is impossible or difficult, such as work shifts (nicotine patches are not suitable for this purpose). Types of NRT that are suitable for this purpose are outlined in the *SWAHS Protocol for the supply of NRT to staff*.

SWAHS staff are to have access to the Quitline service in the workplace during working hours as per the requirement of the NSW Health Policy. In addition, SWAHS have access to the SWAHS intranet link to the NSW Quitline which also offers advice and call back or SMS MESSAGING to all health service staff. For those with no intranet access at work, the Quitline can be accessed on the Quitline website outside of work hours. The computers in the SWAHS facility libraries can be used to access this service for those with no computer and intranet access in their workplace.

## 5. Exemptions under the Smoke Free Workplace Policy

In stage 3 of the policy, the NSW Health Policy allows for the temporary provision of specifically identified 'designated smoking areas' which have previously been determined and granted by the Area Smoke Free Workplace Committee. These areas allow for smoking *only in specially designated outdoor smoking areas*. Where these exist, there must be separately designated areas for use by patients/clients/visitors and areas for use by staff/volunteer groups. Designated smoking areas for staff should be, wherever possible, out of public view. Once Phase 4 is attained, *all* designated smoking areas will be removed, and all facilities will be deemed totally smoke free.

The NSW Health policy does allow for some exceptional circumstances to be taken into account by Area Health Services when implementing this policy. In the case of a *very few defined inpatient groups only*, an exemption *may* be granted to allow smoking **in an outdoor designated area only** to continue into Phase 4. Exemptions for these specific inpatient groups should be determined on the basis of a risk assessment (ie the benefits must outweigh the risk). These exemptions *may* include *some* patients /clients in palliative care units, mental health units and residential facilities where this is the primary

place of residence.

Only the Chief Executive, on the advice of the Smoke Free Workplace Committee will grant exemptions. This will be based on a clear risk assessment that explains the benefits of allowing smoking clearly outweighs the risk. Exemptions will be consistently applied across the Area. An Area register will be maintained by the Area Smoke Free Workplace Committee. These exemptions will be reviewed annually and where current evidence indicates that there is a process for assisting these facilities to become smoke free, then that option should be considered before renewing the smoke free site exemption (for current exemptions as at March 2006 see Appendix 4).

## **5.1 Guidelines for exemptions**

### **5.1.1 Applying for an exemption**

No exemptions can be considered for indoor areas. To apply for an exemption to this policy for an outdoor area, the applicant/s must provide a clear rationale and justification for why the exemption should be granted. Most importantly when considering the establishment of an area exempted from the policy, it is paramount that the occupational health, safety and legal risks posed to other patients, staff and visitors are addressed. SWAHS and NSW Health must comply with their requirements under OH&S and Smoke Free Environments legislation, as well as being seen as a model provider of healthy workplaces and environments.

### **5.1.2 Smoke Free Workplace Policy Committees Responsibility**

Additionally, the Smoke Free Workplace Policy Committee must also consider the following before submitting recommendations regarding the establishment of either *designated* or *exempted* outdoor smoking areas, to the CE:

- proximity to dangerous goods and hazardous substances as cigarettes are a source of ignition
- proximity to doorways, windows, verandahs and air conditioning intakes or situations where smoke has the opportunity to enter a building
- proximity to food preparation areas
- out of the physical view of the general public
- availability of disposal bins
- appropriate signage
- appropriate lighting, physical safety and security of those using the area
- accessibility of the area
- proximity to pedestrian thoroughfares (NSW Health Policy 1999)

### **5.1.3 Exemptions based on complex patient/client groups**

When consideration is being given to exemptions for 'high risk' or 'complex' client groups, the safety and rights of all other users of that shared space is paramount. Minimum risk must exist for other non-smoking users of that facility. Where at all possible, all facilities must strive to become totally smoke free. These exemptions can apply to *inpatient groups*, not outpatients or casual users of the service i.e. those attending for appointments only. These clients may either:

- refrain from smoking for the duration of their appointment
- schedule their smoking before and after the appointment
- move off campus to smoke
- ask the health service staff for a break if their treatment/appointment is lengthy, and move off campus or to a designated area to smoke (where available)

## 6. Review Mechanisms and Evaluation

### 6.1 Review

Implementation of the Smoke Free Workplace Policy will be reviewed by the Area Smoke Free Workplace Committee at the completion of each phase until Phase 4 (totally smoke free) is achieved, and thereafter annually to review compliance with the policy.

### 6.2 Monitoring of compliance with the policy

Measures of compliance will include:

- Monitoring of complaints from staff, volunteers, patients/clients and visitors about smoking issues
- Monitoring of litter from cigarette butts at all facilities and sites
- Review of any disciplinary action taken in relation to the policy
- Monitoring of the number of security attendances for breaches of the policy

Utilisation of smoking cessation services and NRT programs may be an indirect indicator of success or otherwise of the policy initiative.

**Table 1. Responsibilities for Policy Compliance Monitoring**

Action needed	Responsibility
All complaints to be forwarded to the Area Committee.	Patient representative Corporate services Public affairs Security services Centre for Population Health
Monitoring of litter from cigarettes	OHS committees/representatives
Monitoring of disciplinary action	Human resources via department managers
Monitoring of security attendances for policy breaches	Security services
OHS audit tools have a standard question under 'hazardous substances' which reads 'Is there evidence of smoking in non-smoking areas?'	OHS managers and representatives Department managers
Monitoring of staff NRT program uptake	Area Committee
Review exempted areas annually to reconsider whether exemption should be maintained or removed	Area Committee

## **7. Disciplinary procedures**

Staff adherence to this policy is a condition of employment. Any breach of the policy will lead to normal disciplinary procedures being applied. Employees cannot be disciplined for smoking away from the workplace, in their own time.

## **8. Risks of policy non-compliance**

There are a number of risks associated with non-compliance of the policy including:

- SWAHS will be in breach of mandatory policies including NSW Health Smoke Workplace Policy; the Smoke Free Environments Act and the Occupational Health And Safety Act and could incur penalties under these Acts.
- Employees who fail to look after the safety of other people at work by not complying with the no smoking policy can be personally liable to a fine of up to \$3,300 under the OHS Act.2000 (Workcover NSW, 2000; OH& S Act 2000, Section 20)
- SWAHS will be at risk of future litigation against the organisation for tobacco related harm claims.
- SWAHS will be breaching its duty of care by placing staff, visitors and patients at risk of tobacco related harm.
- The public perception of SWAHS in the community could be damaged if it is seen as lacking credibility as a role model for good health and a provider of high quality health care.

## **9. Relevant legislation and related policy documents**

Relevant legislation and policy documents to support the SWAHS Smoke Free Workplace Policy include:

- NSW Occupational Health and Safety Act 2000
- NSW Department of Health Occupational Health and Safety Policy Circular 2001/69
- NSW Smoke Free Environment Act 2000
- NSW Health Smoke Free Workplace Policy 1999
- NSW Health (2005) Progression of the NSW Health Smoke Free Workplace Policy. Policy Directive PD2005\_375
- NSW Health Smoke Free Workplace Policy 'Protocol for provision of nicotine replacement therapy (NRT) to staff of NSW public health facilities. Circular 2004/51
- SWAHS Protocol for the Supply of Nicotine Replacement Therapy (NRT) to employees of SWAHS
- NSW Health (2002) Guide For The Management Of Nicotine Dependent Inpatients.
- SWAHS (2004) Enforcement of Non-Smoking Policy - Security Officers Role
- NSW Workcover (2002) Passive Smoking in the Workplace - Policy and Control

## **10. References**

NSW Health (1999) Smoke Free Workplace Policy. NSW Department of Health, Sydney

NSW Health (2005) Progression of the NSW Health Smoke Free Workplace Policy. Policy Directive PD2005\_375

NSW Health(1999) Smoke Free Workplace Policy (1999) NRT Protocol, Circular 2004/51 (September 2004)

NSW Workcover (2002) Passive Smoking in the Workplace - Policy and Control. A guide to achieving a smoke free workplace. Workcover NSW and The Cancer Council NSW

Occupational Health and Safety Act 2000 (NSW)

SWAHS Protocol for the Supply of Nicotine Replacement Therapy (NRT) to employees of SWAHS (unpublished)

SWAHS (2004) Western Sydney Area Health Service Tobacco Control Strategy, 2004-2009 Centre for Population Health

NSW Health (2002) Guide For The Management Of Nicotine Dependent Inpatients.

SWAHS (2004)Enforcement of Non-Smoking Policy - Security Officers Role